SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM 09 869937 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. IND, DEP. **\$**5 #6 TOTAL TOTAL TOTAL DEP. TOTAL DEP. 3 117 - 7 PTO-1360 (3-78)